

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eugene C. Vigil		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 05 / 2014 </div>	
Mailing Address 3217 Flowers Rd S Apt O		Amount <div style="border: 1px solid black; padding: 2px;"> 100.00 </div>	
City Atlanta	State GA	Zip Code 30341	Transaction ID : 76ef31ac-7a4f-482f-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 05 / 2014 </div>
Purpose of Expenditure Transportation		Category/ Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 176383.27 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Delta		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 09 / 05 / 2014 </div>	
Mailing Address C/S/Z		Amount <div style="border: 1px solid black; padding: 2px;"> 738.20 </div>	
City Atlanta	State GA	Zip Code 30320	Transaction ID : 0018a476-eeb8-4b69-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 09 / 05 / 2014 </div>
Purpose of Expenditure Travel Expenses		Category/ Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 176383.27 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 838.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 838.20 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10 / 11 / 2014

Signature